

Application No. (if known): 10/771,986

Attorney Docket No.: 01641/100K021-US5

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Petition for Extension of Time - Second Month (1 page)
Request for Continued Examination Transmittal (1 page)

Fee Transmittal

Amendment Transmittal (1 page)

Amendment After Final Action (37 C.F.R. Section 1.116) (10 pages)

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	Effective on 12/08 the Consolidated Approp		05 (H.R. 4818).	Application Nur		0/771,986-Co		
FFF	<b>TRANS</b>	MITT		Filing Date		ebruary 3, 20	04	
I has be				First Named Inv	ventor R	ussell Hudyn	na	
	For FY 2	บบอ		Examiner Name	J.	L. Pritchett		
Applican	t claims small entity sta	tus. See 37 CF	R 1.27	Art Unit	28	872		
TOTAL AMOU	NT OF PAYMENT	(\$) 1,	120.00	Attorney Docket No. 01641/100K021-US5				
METHOD OF	PAYMENT (check	all that apply	/)					
x Check	Credit Card	Money Or	der None	Other (	please identif	y):		
Deposit Ac	count Deposit Account	Number: 04-01	100 Deposit Accou	unt Name:	Da	rby & Darby	P.C.	
For the	above-identified dep	osit account,	the Director is I	nereby authorize	ed to: (check	all that apply)		
CI	harge fee(s) indicate	d below		Charg	e fee(s) indic	cated below, ex	cept for the	filing fee
X CI	narge any additional e(s) under 37 CFR	fee(s) or und 1.16 and 1.17	erpayment of	x Credit	any overpay	ments		
FEE CALCUL	_ATION							
1. BASIC FILIN	G, SEARCH, AND E							
	F	ILING FEES Small Ei		RCH FEES Small Entity	EXAMINA	ATION FEES Small Entity		
Application Ty	ype <u>Fee (</u>			Fee (\$)	Fee (\$)	Fee (\$)	Fees Pa	id (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLA	AIM FEES						<u>s</u>	mall Entity
Fee Description							<u>Fee (\$)</u>	Fee (\$)
	r 20 (including Reis	•					50	25
_	ent claim over 3 (inc	luding Reissi	ies)				200	100
Multiple depend							360	180
Total Claims	Extra Claims	Fee (\$)	Fee Pa	aid (\$)		tiple Depende		
·	- =	×	=		<u>Fee</u>	<u>(\$)</u> <u>F</u>	ee Paid (\$)	
Indep. Claims	Extra Claims	Fee (\$)	Fee Pa	aid (\$)				•
3. APPLICATIO	N SIZE EEE							
If the specifica listings und	ation and drawings eler 37 CFR 1.52(e)), action thereof. See	the applicati	on size fee due	is \$250 (\$125	for small ent			
Total Sheet				ditional 50 or fra		Fee (\$)	Fee Pa	nid (\$)
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4. OTHER FEE							Fees P	aid (\$)
Non-English	Specification, \$13 ate filing surcharge	00 fee (no sm	all entity disco	unt) nued evamina	tion (PCE)	(500 37	790	00
Otner (e.g., l	ate filing surcharge	Peti	tion for Exten	sion of Time -	Second Mo	onth	330	
SUBMITTED BY	7	//	7					
Signature	5	10/		Registration No. Attorney/Agent)	40,389	Telephone	(212) 527	-7704
Name (Print/Type)	Edward J. Ellis					Date	May 31,	2005

AMEN AMEN	AMENDMENT TRANSMITTAL LETTER  Application No. Filing Date Examiner						Docket No. 01641/100K021-US	
Application No. 10/771,986		Filing Date Examiner February 3, 2004 J. L. Pritche						
					ett	ett 2872		
Applicant(s): Rus	sell Hudyma							
		NECTION OV	OTEM 500 4		T. 10054	DI DI		
nvention: CATAE	JOPTRIC PRO	JECTION SY	SIEM FOR 1	5/nm L	HOGRA	PHY		
	TC	THE COMMI	ISSIONER FO	OR PATI	ENTS			
Transmitted here	with is an ame	ndment in the	above-identif	ied appli	cation.			
The fee has beer	າ calculated an	d is transmitte	d as shown b	elow.				
		т	S AS AMENI	DED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate			
Total Claims	28	- 30 =		Х				
Independent Claims	4	- 4 =		x				
Multiple Depend	dent Claims (ch	eck if applicabl	le)	<u> </u>				
Other fee (pleas		Request for Cont Petition for Exter			Month		790.00 330.00	
TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:				1,120.00	
x Large Entity				S	mall Entity	y		
No additiona	al fee is require	d for this amer	ndment.					
Please char	ge Deposit Acc	ount No.	ir	n the am	ount of \$			
	copy of this she				<b>-</b>			
X A check in the	ne amount of \$	1,120.00	to cover	the filing	fee is end	closed.		
	credit card. Fo	orm PTO-2038	s is attached.					
Payment by		orized to char	ge and credit	Deposit	Account N	No. 04	-0100	
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X The Director	r is hereby auth d below. A dup		this sheet is e	enclosed	•			
× The Director as described		olicate copy of	this sheet is e	enclosed	•			
× The Director as described	d below. A dup	olicate copy of the nt.				37 CFR 1.	16 and 1.17.	
× The Director as described x Credit a	d below. A dup ny overpaymer	olicate copy of the nt.				37 CFR 1.		

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